

# P18 000 005 111

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION  
ZP General Handyman Service, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ZP General Handyman Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

337 20th Street

337 20th Street

Unit 322

Unit 322

Miami Beach, Florida 33139

Miami Beach Florida 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General Handyman work

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Alexis A. Zaldivar President Name and Title: \_\_\_\_\_

Address 337 20th Street Address: \_\_\_\_\_

Unit 322 \_\_\_\_\_

Miami Beach, FL 33139 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Brito & Brito Accounting Inc.  
Address: 407 Lincoln Road, Suite 9A  
Miami Beach, Florida 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alexis A. Zaldivar  
Address: 337 20th Street, Unit 322  
Miami Beach, Florida 33139

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Required Signature/Registered Agent

1/17/2018

\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

1/17/2018

\_\_\_\_\_  
Date